



AGENDA

Staff Attendees: Polly Baldwin, MD, Ralph Barbosa, Michael Camacho-Craft, Dana Gamble, Elvia Lopez, Melissa Gomez, Suzanne Jacobson, Jeanie Sleigh, Paola Hurtado, Kendall Johnston, Van Do-Reynoso, Elvira Briones-Arellano

Board Members		<u>Consumer Members:</u> Lee Herrington, Celia Lee, Filipino Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara <u>Community Members:</u> Judy Taggart, Sylvia Barnard, Skip Szymanski, Jason Prystowsky, MD, Arianna Castellanos, Emily Casarez <u>Non-Voting Staff Member:</u> Dr. Douglas Metz	
Item #	Time	Item	Owner
I.	12:00-12:03	Welcome and Call to Order	Szymanski
II.	12:03-12:08	Review and Approve Minutes from December 18, 2019	Szymanski
III.	12:08-12:10	Roll Call, Sign In Sheet and Quorum established	Johnston
IV.	12:10-12:13	Public Comment Period	
V.		Old Business: None	
VI.	12:13-12:43	New Business:	
	5 min	1. HRSA Change in Scope for Pharmacy Services. Staff recommend that the Board vote to approve submission of a change in scope for Pharmacy Services	Barbosa
	5 min	2. Annual Review of Health Center Board By Laws	Gamble
	20 min	3. Patient Visit Increase Strategies "Minding the Gap". Presentation only, No action necessary	Metz
VII.	12:43-1:09	Standing Reports:	
	8 min	1. Monthly Financial Report: Staff recommends that the Board accept and approve the Financial Report for the month of December and quarter ended 12/31/19.	Jacobson
	3 min	2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the policies referenced in VII.3	Policy Review Committee
	2 min	3. Provider Appointments: Staff recommends that the Board vote to approve the Provider Appointments referenced in VII.4	Baldwin
	8 min	4. Quality Measures Report: For Board Review, No action necessary	Gomez
	5 min	5. Executive Director's Report: For Board Review, No action necessary	Metz
VIII.	1:09-1:14	Member Announcements	Szymanski
X.	1:15	Meeting Adjourned	Szymanski

Next HC Board Meeting: Wednesday, February 26, 2020
Santa Barbara County Admin 300 N. San Antonio Road
C101/102



HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Health Center (HC) Board Minutes December 18th 2019

The Health Center Board met in the third-floor conference room at the Santa Barbara Health Care Center.

Present: Consumer Members: Christopher Hutton, Stephen Ferrara, Richard Osbourne, Celia Lee, Cynthia Guerrero, Filipo Chappelle, Wm. Darrel Gardner

Community Members: Skip Szymanski (Chair) Emily Casarez, Arianna Castellanos, Sylvia Barnard

Non-Voting Member: Douglas Metz, Health Center Executive Director

Staff: Kendall Johnston, Suzanne Jacobson, Paola Hurtado, Ralph Barbosa, Van Do-Reynoso, Melissa Gomez, Polly Baldwin, Elvira Briones-Arellano, Dana Gamble.

Guests/Speaker: None

Agenda Items

I. Call to Order

Meeting was called to order by Chair Szymanski at 12:05pm and the quorum was established.

II. Review and Approve Minutes from the November 20 Meeting

There were no requested revisions to the November meeting minutes.

Mr. Chappelle motioned that the minutes from the November 20 meeting be accepted by the Board; Mr. Gardner seconded.

Motion Carried Unanimously.

III. Old Business:

1. Board Member Elections

Mr. Gardner motioned that the Board approve Skip Szymanski to continue as Chair and Lee Herrington to be appointed to Vice-Chair; Ms. Guerrero seconded.

Motion Carried Unanimously.

IV. New Business:

1. Welcome Jeanette Gumber, new Health Center Administrator for Carpinteria

Dr. Metz informed the Board that Jeanette Gumber was offered and accepted the Health Center Administrator position at the Carpinteria Health Center and will begin in that role on January 13th, 2020. Ms. Gumber is currently a women's health nursing supervisor at the Santa Barbara Health Center.

VIII. Standing Reports:

1. November 2019 Financial Report-Ms. Jacobson

Ms. Jacobson briefly reviewed the budget narrative and financial report for the month of November 2019. The deficit has grown, which at this time of year is expected due to holidays. The health centers will be open with limited hours during the Christmas and New Year's break and PHD is hoping to rally back up in January 2020. Ms. Jacobson also noted that the drawdowns are now taking place monthly, rather than quarterly, so as to identify areas for improvement in a timely manner. Pharmaceuticals are reporting lower in one Health Center and higher in others; however, the cost of some drugs has decreased causing less revenue to be collected from the 340b pharmacy program.

Physician Fees have increased due to physician vacancies and locum tenens coverage for staff physicians on vacation.

Mr. Hutton motioned that the HC Board approve and accept the October 2019 monthly report; Mr. Chapelle seconded.

Motion Carried Unanimously.

[Dr. Baldwin joined the meeting at 12:19pm]

2. Policy Review Committee

The policy review committee did not meet during the month of December and the policies for review will be deferred to the January 22nd 2020 HC Board Meeting.

3. Provider Appointments-Dr. Baldwin

Dr. Baldwin shared with the Board that two new providers will be coming on board in January: Elspeth Mills, PsyD and Jaclyn Kucharski, MD. Dr. Mills is a Psychologist and will be providing behavioral health services at the Franklin Health Care Center as well as PATH. Dr. Kucharski is a Family Practice physician and will be splitting her time between the Carpinteria and Franklin Health Centers.

Mr. Ferrara motioned that the Board approve the aforementioned providers for initial appointment; Ms. Castellanos seconded.

Motion Carried Unanimously.

4. Quality Measures Report-Ms. Gomez

Ms. Gomez presented the performance measure results for the month of November, which have not changed much since the October report. Ms. Gomez warned that the hypertension measure may see some negative results due to holiday changes in diets and exercise. A lively discussion about how the depression measure is calculated ensued. The patient satisfaction report will be updated next month as the results are calculated quarterly.

5. Executive Director's Report-Dr. Metz

Dr. Metz referred the Board members to the director's report in the Board packet. All health centers participated in a disaster training exercise in November as well as preparing for the potential Public Safety Power Shut offs. In an effort to increase efficiency and save money, the County has brought in an outside appraiser, KPMG, to evaluate operations. The Santa Maria Health Center operations were reviewed during the month of November.

Dr. Metz grimly noted that patient visits were down during November, about 6% short from last month equating to approximately \$400K in lost revenue. The next six months will be crucial in order to bring in enough revenue to break even on the budget. Dr. Metz will present a formal report at the next HC Board meeting showing what strategies are being used to increase patient visits and reduce costs. Chair Szymanski requested time be set aside at the January Board meeting to discuss this important issue in more detail.

V. Member Announcements

Ms. Barnard informed the Board that the new Sobering Center in Santa Barbara will be opening on January 14th 2020. The sobering center is a jail-diversion program for persons who have experienced a first time DUI and public intoxication charge. The building is located in the former County Archives building.

VI. Adjournment

Meeting was adjourned at 12:55pm.

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: January 15, 2020

To: HC BOARD

From: Ralph Barbosa

Subject: HRSA Change in Scope; Pharmacy Services

RECOMMENDATION:

That the Board vote to approve submission of a Change in Scope for service as follows:

Service	Action
Pharmacy	Add as Column II Service

DISCUSSION:

The Health Care Centers (HCC) Pharmacy contracts with local retail pharmacies to increase access for PHD patients to discounted medications through the federal 340B program. The HCC is required to update services and is adding Column II services to scope to comply with HRSA regulations.

Service Definitions:

Column I	Column II	Column III
Direct (Health Center Pays)	Formal Written Contract/Agreement (Health Center Pays)	Formal Written Referral Arrangement (Health Center Does NOT Pay)
These are services provided directly by the health center and for which the health center pays and bills.	These are services provided on behalf of the health center by another entity via a formal written contract/agreement, where the health center is accountable for paying and/or billing for the direct care provided via the agreement (generally a contract). All such contractual agreements must describe, at minimum: --how the service will be documented in the health center's patient record. --how the health center will pay and/or bill for the service. --how the health center's policies and procedures, including the availability of a sliding fee discount program, will apply.	These are services provided by an entity other than the health center, with which the health center has a formal written referral arrangement (e.g., memorandum of understanding (MOU), memorandum of agreement (MOA) or other formal written arrangement). The actual service is provided and paid/billed for by the other entity (the referral provider). The MOU, MOA, or other formal written agreement for the referred service must describe, at a minimum: --the manner by which the referral will be made and managed, and the process for tracking and referring patients back to the health center for appropriate follow-up care. -- how the referred service is made available equally to all health center patients, regardless of ability to pay.

MEETING DATE: January 22, 2020

AGENDA ITEM NO.: VI.2

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 1/16/2020
To: The Health Center Board
From: Dana Gamble, Staff
Subject: 2019-2020 Health Center Board Bylaws Review

RECOMMENDATION:

That the Board: participates in the required annual review of the Bylaws. If, pending review, there are no requested changes then the Board approves the Bylaws as reviewed.

DISCUSSION/BRIEF SUMMARY OF ITEM:

If the Board identifies substantive changes as part of this review, the Board may elect to task further review to a Bylaws committee consisting of two (2) or more Board members and at least one (1) of who is a Consumer Member.

Santa Barbara County Health Center Board

BYLAWS

BYLAWS EFFECTIVE January 2010

The Community Health Center Board Bylaws were adopted by motion dated February 24, 2010.

Acknowledged and Agreed:

Signature: Marina Gordon

Printed Name: Marina Gordon

Title: Chair, Community Health Board

Date: 2/24/10

Review Acknowledgement and Approved By Board:

Signature: Skip Szymanski

Print Name: Skip Szymanski

Title: Chair, Health Center Board

Date: January 23, 2019

Date of Last Review: January 23, 2019

HEALTH CENTER BOARD
Santa Barbara County Public Health Department
300 N San Antonio Road, Santa Barbara, CA 93110
805-681-5461 fax 805-681-5200
www.sbcphd.org

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Article I: Name

This body shall be known as the Santa Barbara County Health Center Board, and shall be thereafter referred to as "the HC Board".

Article II: Purpose

The Board is the consumer-majority governing Board mandated by the Health Resources Services Administration's (HRSA) - Bureau of Primary Health Care (BPHC) to provide oversight of the county's network of federally-qualified health centers (FQHCs).

The Board shall assist and advise the Public Health Department in promoting its vision of healthy people in healthy communities. It shall support and guide the Public Health Department in its mission to improve the health of our communities by preventing disease, promoting wellness, ensuring access to needed health care, and maintaining a safe and healthy environment.. The Board will provide input and feedback to generally advise the development, implementation and evaluation of Public Health Department- Primary Care & Family Health (PCFH) Regional Clinic Division programs, including but not limited to all programs funded through the BPHC Health Center Grant.

Article III: Authorities and Responsibilities

The HC Board has specific authorities and responsibilities to meet the governance expectations of the Public Health Department's BPHC Health Center grant. Santa Barbara County is a public entity. Therefore, the County Board of Supervisors retains authority over fiscal and personnel policies. Day-to-day leadership and management resides with staff under the direction of the Public Health Department Director.

The HC Board's responsibilities include providing advice, leadership and guidance in support of the Public Health Department's mission. This includes providing at a minimum, an annual report to the Board of Supervisors regarding the health care needs of Santa Barbara County residents.

The HC Board will be knowledgeable about marketplace trends and shall have the responsibility for assisting and advising the Public Health Department to ensure that the Public Health Department remains viable in its marketplace while it pursues its mission.

Based on the mandates of the Grant, the HC Board shall have the following authorities:

- Approve and participate in the selection/dismissal, annual review and continued leadership of the Health Center Executive Director;
- Determine the services to be delivered and the hours of operation;
- Approve applications related to the health center project, including grants/designation applications and other HRSA requests regarding scope of project;
- Review and approve financial priorities and approval of the FQHC clinic audit and budget within appropriations made available by the Board of Supervisors;
- Adopt policies as necessary and proper for the efficient and effective operation of the FQHC clinics, and establish long-term goals;
- Periodically evaluate the effectiveness of FQHC activities, including:
 - Service utilization patterns;
 - productivity;
 - patient satisfaction;
 - achievement of project objectives; and,
 - developing a process for hearing and resolving patient grievances.
 - Compliance with federal, state, and local laws and regulations; and
- Adopt and annually review organization's bylaws.

The HC Board shall work with the Public Health Department's management and community leaders to actively engage in long-term strategic planning to position the Public Health Department now and into the future.

Article IV: Limitations of Authority

The Board of Supervisors shall maintain the authority to set general policy concerning fiscal and personnel matters concerning the Santa Barbara County FQHCs, including those matters in County Ordinance Code, policies related to financial management practices, labor relations and conditions of employment. The HC Board may not adopt any policy or practice, or take any action, which is inconsistent with the County Ordinance Code or which alters the scope of any policy set by the Board of Supervisors on fiscal or personnel issues.

Article V: Members

Section I - Member Appointments

There shall be at least nine (9) and no more than twenty-five (25) members of the HC Board. The members shall be comprised of two categories of members:

- A. Consumer Members:

1. A majority of the board (at least 51 percent) shall be consumers or qualified representatives of consumers of the Santa Barbara County FQHCs and who represent clients served by the clinics. Consumer members are defined as individuals who are served by the Health Center and who utilize the Health Center as their principal source of primary care and who have used the Health Center's Services within the last two years. A legal guardian of a consumer who is a dependent child or adult or a legal sponsor of an immigrant consumer, may be considered a consumer for purposes of Board representation.
2. In making consumer member nominations, the Health Center Board shall assure that such members, as a group, are representative of the consumer population of the Santa Barbara County FQHCs in terms of factors such as special population representation, ethnicity, location of residence, race, gender, age and economic status.

B. Community members:

1. Shall consist of those who possess expertise in community affairs, finance, legal affairs, or business or other commercial concerns, and who are capable of providing expertise in government or business and leadership.
2. No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry. "Health Care Industry" is defined as involvement in the delivery of providing preventive, remedial, and therapeutic services provided by hospitals and other institutions, nurses, doctors, dentists, medical administrators, government agencies, voluntary agencies, noninstitutional care facilities, pharmaceutical and medical equipment manufacturers, and health insurance companies.

All consumer members must be residents of Santa Barbara County and lawful citizens of the United States. All community members must represent an organization within Santa Barbara County and be lawful citizens of the United States. No member of the Board shall be an employee of the Health Center, or a spouse, child, parent, or sibling by blood or marriage of an employee. No member shall have a financial interest which would constitute a conflict of interest.

Section II - Responsibilities and Rights of Members

A. All members must:

1. Attend all Board meetings, either in person or via electronic and or telephonic remote conferencing as technology is available.
2. Serve without compensation, however mileage and meal expenses may be allowable in accordance with the reimbursement policies of the County of Santa Barbara and the Public Health Department.
3. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Santa Barbara and the laws of the State of California.

B. Members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, and may hold office and may Chair Board committees.

Article VI: Nominations

Anyone may nominate a person for voting membership on the Board so long as the nominee meets the membership requirements of these Bylaws. Nominations shall be given to the Chair.

In addition, the Board shall ensure that public notice is provided regarding current and pending vacancies. The public notice must be posted at least in the same locations as the notice of regular meetings posted pursuant to Article 12, Section C.2 of these Bylaws, and the Board has discretion to post notice in additional locations. Such notice must be given sufficiently in advance to permit members of the public at least three weeks after the posting of the notice to submit an application before the selection process outlined in this Article.

If requested by the Chair, Vice-Chair, or any of their designees, a nominee must provide information sufficient to confirm they meet membership requirements of these Bylaws. A person who is not nominated but applies for a voting seat on the Board must submit a completed application on an application form adopted by the Board.

A list of nominees and other applicants shall be presented to the Board at a meeting between two and four months in advance of the expiration of terms for voting membership positions which are up for selection.

A nominee may decline nomination. Each proposed new or returning member who is nominated or who applies shall be separately selected by a majority vote of these members present and voting at the meeting designated for such selections. A nominee or applicant who is so selected for voting membership shall begin his or her new term immediately upon the end of the term of the prior holder of the seat for which the selection was held.

Article VII: Term of Office

All terms of office shall be for three (3) years and they may serve two (2) consecutive terms of membership. Each Board member may serve additional terms after mutual agreement and approval from the Board. The effective date of membership corresponds to the date that the nomination is approved by the Board.

Article VIII: Vacancies

Based on the mandates of the Health Center Grant, the Board shall have the ability to appoint members to fill vacancies, following the procedures outlined in Article VI: Nominations.

Article IX: Removal

Any member may be removed whenever the best interests of the Board will be served. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the Board.

Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

The HC Board will accept a verbal resignation to staff member as long as it is properly documented. The Health Center ED will send an email or letter to the Board member confirming their resignation. Following seven days of receipt of the letter, the resignation will be accepted by the Board.

Article X: Conflict of Interest

A conflict of interest is a transaction with the Public Health Department and/or the Health Center in which a Board member has a direct or indirect interest, either economic, emotional,

financial, or otherwise and the Board Member is involved in an action which results in or appears to result in personal, organizational or professional gain. Conflict of interest or the appearance of conflict of interest by Board members, employees, consultants and those who furnish goods or services to the Public Health Department (or Health Center) must be declared. Board members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix A).

Each member is required to fully disclose any business or professional activity or other interest that could form or have the appearance of forming the basis for a conflict of interest in their position on the Health Center Board. The Board shall consider such disclosures and take appropriate actions, as required. Failure of a Board Member to fully disclose as required under this section X may, at the Board's discretion, be cause for immediate removal from office. In addition, the Board shall establish, adopt and periodically update a written policy that establishes procedures for disclosing and addressing conflicts of interest or the appearance of conflicts of interest by Board members, officers, employees, consultants, and/or agents who provide services or furnish goods to the Corporation, and for maintaining confidentiality of Health Center's proprietary information.

No Board member shall be an employee, or an immediate family member of an employee of the Santa Barbara County Public Health Department. The Department Deputy Director of the Primary Care and Family Health Division (serving in this capacity as the Health Center Executive Director), may serve as an ex-officio member of the Board.

Article XI: Compensation

Board members serve without compensation, however mileage and meal expenses may be allowable in accordance with the reimbursement policies of the County of Santa Barbara and the Public Health Department.

Article XII: Meetings

Section I - Regular Meetings

The Board shall meet a minimum of once each month and maintain records/minutes that verify and document the board's functions.

Section II - Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of Roberts Rules of Order.

Section III- Open and Public

All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

Section IV - Notice, Agenda and Supportive Materials

- A. Written notice of each regular meeting of the Board, specifying the time, place and agenda items, shall be sent to each member not less than seven (7) days before the meeting. Preparation of the Agenda shall be the responsibility of the Chair in conjunction with the Health Center ED or designee.
- B. The agenda of each meeting shall be posted in a public notice area including, but not limited to the public notice bulletin Board at 300 N San Antonio Road Santa Barbara CA 93110 and each of the regional clinics in accordance with the Ralph M. Brown Act and not less than seventy-two (72) hours prior to the meeting except as permitted by the Ralph M. Brown Act.
- C. Items which qualify as an emergency, pursuant to the Ralph M. Brown Act, can be added to the agenda at the meeting by a two-thirds (2/3) vote of the members present .

Section V - Special Meetings

To hold a special meeting, advance notice of such meeting shall be given.

Section VI- Format of Meetings

The make-up of membership should dictate the format by which meetings are conducted.

Section VII - Quorum and Voting Requirements

- A. A quorum is necessary to conduct business and make recommendations.
A quorum shall be constituted by the presence of a majority of the members of the Board then in existence.
- B. A majority vote of those Board members present is required to take any action.
- C. Each member shall be entitled to one vote. Voting must be in person or on the telephone or via video-conferencing; no proxy votes will be accepted.

- D. Attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet. The names of members attending shall be recorded in the official minutes.
- E. The Health Center ED shall have direct administrative responsibility for the operation of the FQHCs and shall attend, or assign a delegate in his/her absence, all meetings of the Board but shall not be entitled to vote.

Article XIII: Officers

The Chair and Vice-Chair shall be chosen from among the members of the Board.

Section 1: Nomination & Election

Nominees for officers shall be selected from the Board membership. Nominees for Board membership shall be presented at the regular October meeting, and nominations for Board officers shall be made at the regular November meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board.

Section 2: Term of Office

Officers shall be elected for a term of one (1) year, or any portion of an unexpired term thereof, and shall be eligible for reelection to serve additional terms after mutual agreement and approval from the Board. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected.

Section 3: Vacancies

Vacancies created during the term of an officer of the Board shall be filled for the remaining portion of the term by special election by the Board, at a regular meeting in accordance with this Article.

Section 4: Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws, resolutions or other directives of the Board.

- A. Chair

The Chair shall preside over meetings of the Board, shall serve as Chair of the Executive Committee and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Board.

B. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Board.

Article XIV: Executive Committee

The Board shall have the following standing committee:

- Executive Committee

Meetings

- The Executive Committee shall meet on an as needed basis and at such time and place as it may designate and shall keep a record of all its proceedings and actions.
- Special meetings of the Executive Committee may be called on one (1) day's notice by the Chair or by three (3) members of the Executive Committee.

Membership

- The Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the Board elected as a member-at-large. If neither the Chair nor Vice Chair are Consumer members then the member at large must be a Consumer member.

Election

- Officers and members-at large shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board, in accordance with Article XIII.

Powers

- The Executive Committee and the delegation thereto of authority shall not operate to relieve the Board of its responsibility.
- The Executive Committee may meet to conduct critical business that cannot wait until the next board meeting. Any actions or recommendations of the committee must be reviewed and approved by the Board.
- The Executive Committee may also provide feedback and guidance to the Executive Director as needed between meetings of the entire Board.
- In the event removal of the Health Center Executive Director is deemed

necessary by the Board, the Executive Committee shall develop criteria for removal of the Executive Director, which will be presented to the full BOARD for approval. Such removal shall not constitute a termination of employment by the COUNTY.

Voting

- The Executive Committee shall act by majority vote of those present at a meeting having a quorum. Three (3) members of the Executive Committee shall constitute a quorum.

Vacancies

- Vacancies on the Executive Committee shall be filled by special election at a regular meeting of the Board, in accordance with Article XIII.

Article XV: Committees

In addition to the Executive Committee, the Board may appoint other committees as the Board sees as appropriate to carry out its responsibilities by resolution. The resolution shall be adopted at a meeting of the Board at which a quorum is present.

Each committee shall consist of two (2) or more Board members, at least one (1) of who is a Consumer Member. Committees may also consist of additional persons from the community chosen for their knowledge and concern about a specific issue or field or endeavor who are not members of the Board.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Any actions or recommendations of a committee must be approved by the Board.

Section 1: Non-Executive Committee Appointments

A. Chair

The Chair of the Board or by majority vote shall appoint the Committee Chair from the members of the committee.

B. Members

Committee members shall be appointed by the Chair of the Board with the approval of the Board.

C. Term of Office

The Chair of a committee shall hold office for a maximum on one (1) year or until a successor is appointed and approved. All members of each committee shall hold office for one (1) year and a maximum of three (3) years or until a successor is appointed and approved.

D. Vacancies

The Chair of the Board, with the approval of the Board, shall have the power to fill any vacancies that occur on the committee.

Section 2: Meetings

All meetings of the committees shall meet at such time and place as designated by the Chair of the committee and as often as necessary to accomplish their duties.

Section 3: Minutes

All committees shall maintain written minutes of all meetings, which shall be available to the Board. They shall report in writing to the Board as necessary, in the form of reports or recommendations.

Article XVI: Amendments

The bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the Board at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. The established bylaws must be reviewed annually either by the Board or by committee. Any revisions and amendments must be approved by the Board. Date stamping for purposes of identifying last review are not considered revisions to the bylaws.

Article XVII: Organizational Changes

In the event the Public Health Department is reorganized or merged with another Department within Santa Barbara County, the Board shall:

- A. Continue to meet its purpose and responsibilities in cooperation with the newly

created organizational unit performing community health functions.

B. Immediately upon reorganization or merger amend its Bylaws, as needed.

Article XVIII: Dissolution

In the event of dissolution, the Chair shall give the Board of Supervisors written notice the Health Center intends to dissolve. The notice must include a copy or summary of the plan of dissolution.

- A. Immediate Dissolution. This Board shall terminate immediately upon the non-renewal or termination of the Section 330 grant, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the Health Center.
- B. Dissolution for Mutual Convenience. This Board may be terminated upon the mutual approval of HRSA, The County and the Health Center Board.
- C. Dissolution Contingent Upon HRSA Approval. With the exception of a termination for cause arising from the voluntary or involuntary loss of the Health Center's FQHC designation (or its Section 330 grant), termination shall not become effective unless and until HRSA issues its written approval of such termination.



Appendix A

Primary Care & Family Health Admin

300 North San Antonio Road • Santa Barbara, CA 93110-1332
805/681-5461 • FAX 805/681-5200

Van Do Reynoso MPH, PHD Director
Suzanne Jacobson, CPA Chief Financial Officer
Paige Batson, Interim Community Health Deputy Director
Douglas Metz, DPM, MPH Deputy Director
Polly Baldwin, MD, MPH Medical Director/Interim Health Officer

CONFLICT OF INTEREST

Conflict of Interest. Defined as an actual or perceived interest by the member in an action which results or has the appearance of resulting in personal, organizational, or professional gain.

Duty of Loyalty. Board members will be faithful to the organization and can never use information obtained in his/her position as a Board member for personal gain.

Responsibilities of Board Members

1. A Board member must declare and explain any potential conflicts of interest related to:
 - Using her/his Board appointment in any way to obtain financial gain for the member's household or family, or for any business with which the Board member or a Board member's household or family is associated.
 - Taking any action on behalf of the Board, the effect of which would be to the member's private financial gain or loss.
2. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member.
3. No Board member shall be an employee of the Health Department or an immediate family member of an employee.
4. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the Board's Bylaws, Article IX.

As a Board member, my signature below acknowledges that I have received, read and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for removal from Board membership.

Board Member's name (please print): _____

Board Member's signature: _____ Date: _____

MEETING DATE: January 22, 2020

AGENDA ITEM NO.: VI.3

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: January 16, 2020

To: Health Center Board

From: Douglas Metz

Subject: Patient Visit Increase Strategies Presentation

RECOMMENDATION:

No action required – Presentation only

DISCUSSION/BRIEF SUMMARY OF ITEM:

N/A

MEETING DATE: 1/22/2020

AGENDA ITEM NO.: VII.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 1/14/2020

To: Health Center Board

From: Suzanne Jacobson

Subject: Financial Report for December 2019

RECOMMENDATION:

That the Board: Accept and approve the Financial Report for the month and quarter ended December 31, 2019

DISCUSSION/BRIEF SUMMARY OF ITEM:

Financial Report and presentation for the month and quarter ended 12/31/2019.



HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Health Care Centers Public Health Department

December 2019 Monthly Report and FY 2019-20 2nd QTR Financial Report

January 22, 2020



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HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Dec YTD and MTD Financial

Santa Barbara County Public Health Department Health Care Centers
Financial Monthly Report for CHC/HCH Grant H80CS00046
For the Month of December 2019 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 12-31-19 BUDGET	FY 19-20 As of 12-31-19 YTD ACTUALS	FY 19-20 December YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 December ACTUALS	FY 19-20 December Variance	FY 19-20 Dec % of Budget
REVENUES									
PROGRAM INCOME									
Medicaid	\$ (39,270,200)	\$ (19,635,100)	\$ (17,054,999)	\$ 2,580,101	87%	\$ (3,272,517)	\$ (2,653,605)	\$ 618,912	81%
Medicare	(5,478,400)	(2,739,200)	(3,057,528)	(318,328)	112%	(456,533)	(503,525)	(46,992)	110%
Self-pay (includes HAP)	(1,772,100)	(886,050)	(1,024,870)	(138,820)	116%	(147,675)	(148,291)	(616)	100%
LOCAL AND STATE FUNDS									
State/Local Funds-TSAC/GF	(9,387,616)	(4,693,808)	(3,839,359)	854,449	82%	(782,301)	(717,369)	64,933	92%
FEDERAL 330 GRANT	(2,100,000)	(1,050,000)	(876,826)	173,174	84%	(175,000)	(175,000)	-	100%
OTHER FEDERAL FUNDING									
ADAP	(766,000)	(383,000)	(520,684)	(137,684)	136%	(63,833)	(95,199)	(31,366)	149%
TOTAL REVENUE	\$ (58,774,316)	\$ (29,387,158)	\$ (26,374,266)	\$ 3,012,892	89.7%	\$ (4,897,860)	\$ (4,292,988)	\$ 604,871	87.7%
EXPENDITURES									
PERSONNEL									
PERSONNEL	\$ 22,208,800	\$ 11,104,400	\$ 11,677,425	\$ 573,025	105%	\$ 1,850,733	\$ 1,776,027	\$ (74,705)	96%
FRINGE BENEFITS	14,195,500	7,097,750	6,286,742	(811,008)	89%	1,182,958	934,890	(248,068)	79%
TOTAL PERSONNEL	36,404,300	18,202,150	17,964,167	(237,983)	99%	3,033,692	2,710,917	(322,774)	89%
TRAVEL									
PHD Carpool	62,200	31,100	29,690	(1,410)	95%	5,183	5,808	624	112%
Transportation - Local Mileage	26,100	13,050	10,385	(2,665)	80%	2,175	1,476	(699)	68%
Training and Travel	88,500	44,250	21,297	(22,953)	48%	7,375	7,555	180	102%
TOTAL TRAVEL	176,800	88,400	61,372	(27,028)	69%	14,733	14,839	106	101%
SUPPLIES									
Medical Supplies	630,400	315,200	321,474	6,274	102%	53,533	56,255	3,722	107%
Office Supplies	168,000	84,000	81,735	(2,265)	97%	14,000	14,819	819	106%
Pharmaceuticals	6,724,000	3,362,000	2,309,401	(1,052,599)	69%	560,333	401,891	(158,442)	72%
Bus Tokens	20,000	10,000	-	(10,000)	0%	1,667	-	(1,667)	0%
TOTAL SUPPLIES	7,542,400	3,771,200	2,712,610	(1,058,590)	72%	628,533	472,966	(155,568)	75%

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HEALTH CARE CENTERS		Dec YTD and MTD Financial								
PUBLIC HEALTH DEPARTMENT										
SANTA BARBARA COUNTY										
Santa Barbara County Public Health Department Health Care Centers										
Financial Monthly Report for CHC/HCH Grant H80CS00046										
For the Month of December 2019 - Fiscal Year 2019-20										
	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 12-31-19 BUDGET	FY 19-20 As of 12-31-19 YTD ACTUALS	FY 19-20 December YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 December ACTUALS	FY 19-20 December Variance	FY 19-20 Dec % of Budget	
CONTRACTUAL										
Janitorial Services	303,500	151,750	120,196	(31,554)	79%	25,292	28,818	3,526	114%	
Physician Fees	2,080,900	1,040,450	1,227,723	187,273	118%	173,408	255,597	82,188	147%	
Professional Services	816,000	408,000	303,469	(104,531)	74%	68,000	29,704	(38,296)	44%	
TOTAL CONTRACTUAL	3,200,400	1,600,200	1,651,387	51,187	103%	266,700	314,118	47,418	118%	
OTHER										
Building Maintenance	35,200	17,600	22,880	5,280	130%	2,933	3,432	499	117%	
Communications	287,600	143,800	137,352	(6,448)	96%	23,967	27,326	3,359	114%	
Data Processing	912,100	456,050	459,300	3,250	101%	76,008	2,335	(73,674)	3%	
Liability Insurance	361,800	180,900	180,702	(198)	100%	30,150	30,117	(33)	0%	
Malpractice Insurance	452,600	226,300	250,602	24,302	111%	37,717	41,767	4,050	0%	
Other Clinical Expenditures	268,500	134,250	126,694	(7,556)	94%	22,375	29,493	7,118	132%	
Other Office Expenditures	1,309,700	654,850	558,497	(96,353)	85%	109,142	140,443	31,302	129%	
Public Health Lab Services	90,000	45,000	50,715	5,715	113%	7,500	49,914	42,414	665%	
Rents & Leases	141,600	70,800	58,559	(12,241)	83%	11,800	10,261	(1,539)	87%	
Services County Provided	146,200	73,100	28,638	(44,462)	39%	12,183	-	(12,183)	0%	
Utilities	404,200	202,100	221,901	19,801	110%	33,683	23,740	(9,944)	70%	
TOTAL OTHER	4,409,500	2,204,750	2,095,839	(108,911)	95%	367,458	358,829	(8,630)	98%	
TOTAL DIRECT COSTS	\$ 51,733,400	\$ 25,866,700	\$ 24,485,375	\$ (1,381,325)	94.7%	\$ 4,311,117	\$ 3,871,669	\$ (439,447)	89.8%	
INDIRECT COST (13.61% OF TADC)	7,040,916	3,520,458	3,332,460	(187,998)	94.7%	586,743	526,934	(59,809)	89.8%	
TOTAL BUDGET	\$ 58,774,316	\$ 29,387,158	\$ 27,817,835	\$ (1,569,323)	94.7%	\$ 4,897,860	\$ 4,398,603	\$ (499,256)	89.8%	
Net Surplus/ Deficit	\$ (0)	\$ (0)	\$ 1,443,569	\$ 1,443,569		\$ (0)	\$ 105,615	\$ 105,615		

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HEALTH CARE CENTERS		HC Budget Summary	
PUBLIC HEALTH DEPARTMENT			
SANTA BARBARA COUNTY			
FY 2019-20 YTD HC Financials			
	Budget	Actuals	
Revenues	\$ 58,774,316	\$ 26,374,266	
Expenditures	\$ 58,774,316	\$ 27,817,835	
Net Margin	\$ 0	\$ 1,443,569	
<ul style="list-style-type: none"> Year to date Medi-Cal revenues are below budget for both our health center and pharmacy operations. Our Health Centers are working on revenue enhancements and cost reductions to address the deficit. 			

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**HEALTH CARE
CENTERS**

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Revenue Highlights

UNDER BUDGET

- ✓ Medi-Cal (\$ 2.6M)
- ✓ State/local Funds (\$ 854K)
- ✓ Federal 330 Grant (\$ 173K)

OVER BUDGET

- ✓ Medicare \$ 318K
- ✓ Self Pay/HAP \$ 139K
- ✓ ADAP \$ 138K

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**HEALTH CARE
CENTERS**

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Expenditure Highlights

UNDER BUDGET

- ✓ Salaries and Benefits (\$ 238K)
- ✓ Professional Fees (\$ 104K)
- ✓ Pharmaceuticals (\$ 1.05M)
- ✓ Indirect Cost (\$ 188K)

OVER BUDGET

- ✓ Physician Fees \$187K

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**HEALTH CARE
CENTERS**

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Summary & Big Picture

For the 2nd Quarter of FY 2019-20:

- Revenues ended the quarter below budget (89.7% of budget)
- Expenses are more on track and on budget (94.7% of budget)

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**HEALTH CARE
CENTERS**

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Recommendation

- Approve the financial report for 12/31/2019.



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**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: January 15th 2020

To: Health Center Board

From: Policy Review Committee

Subject: Policy Recommendations

RECOMMENDATION:

That the Board approve the policies referenced below as reviewed and approved by the Policy Review Committee.

DISCUSSION:

The Policy Review Committee recommends the Board vote to approve the following policies reviewed during the month of January 2020.

<u>POLICY NO.</u>	<u>TITLE</u>
1. 18-C-634	Symptom Based ICD-10 Diagnosis Codes for Point of Care Testing (POCT) by Medical Assistants And Licensed Nursing Staff
2. 19-C-642	Use of Federal Funds and non-grant funds to support the Health Center project budget
3. 08-C-317	Billing, Credit, and Collection
4. 17-C-632	Delineation of Responsibility for Key Financial Management Functions: Community Health Center Board and the County of Santa Barbara
5. 19-C-647	Ultrasound Retention Policy
6. 10-C-550	Health Care Practitioner Supervision: Nurse Practitioner, Clinical Nurse, Midwife, and Physician Assistant
7. 13-C-021	Emergency Clinical Response
8. 11-C-558	Comprehensive Perinatal Services Program (CPSP) Documenting Antepartum Visits (15 & Subsequent)
9. 17-C-623	Coordination of Care Transitions
10. 87-C-074	Cash Handling Guidelines for Clinics
11. 17-C-630	Medical Assistant Scope of Practice
12. 10-C-447	Medication Administration
13. 11-C-554	Credit Card Swipe Reader
14. 12-C-576	EHR User Access Management
15. 00-T-135	Triage in the Clinic Setting
16. 15-C-610	CalWORKS Program: Registration and Billing
17. 11-C-564	Practice Management System-Searching and Registering Patient Information
18. 16-C-613	End of Life Options

MEETING DATE: January 22, 2020

AGENDA ITEM NO.: VII.3

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 1/15/2020
To: Health Center Board
From: Dr. Polly Baldwin
Subject: Approval of Provider Appointments

RECOMMENDATION:

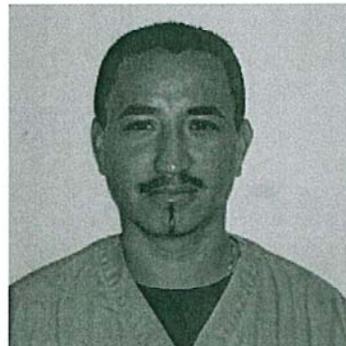
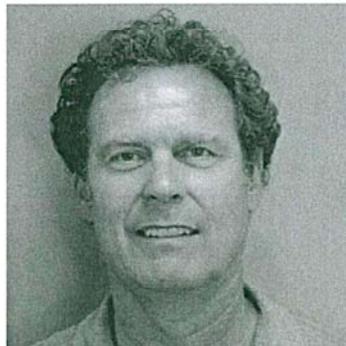
That the Board: Vote to approve the initial appointment of the following provider:

- Melissa Smith, MD SMHCC Family Medicine



And the reappointment of:

- Maya Antony, MD SBHCC Internal Medicine
- Henning Ansorg, MD SBHCC Internal Medicine
- Jose Chavez, PA LHCC Family Practice
- Gowthamy Balakumaran, MD LHCC Pediatrics



DISCUSSION/BRIEF SUMMARY OF ITEM:

All providers approved by Board Delegate

MEETING DATE: January 22, 2020

AGENDA ITEM NO.: VII.4

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 1/15/2020

To: HC Board

From: Melissa Gomez RN

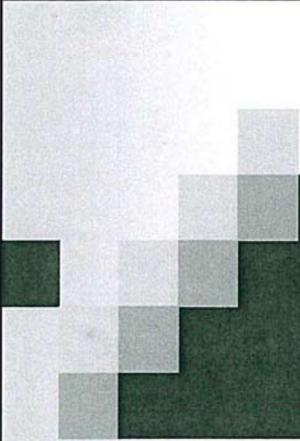
Subject: Quality Update-2019 monthly quality improvement measures update
(December data)

RECOMMENDATION:

That the Board: Review

DISCUSSION/BRIEF SUMMARY OF ITEM:

This is the monthly review of the quality measures selected by the medical quality team for the annual performance improvement plan.



Monthly Medical Quality Update performance improvement measures 2019

Melissa Gomez RN CCM 01/2020



SBCPHD
Quality Improvement

Measures for Improvement 2019

- Diabetes Control
- Asthma with appropriate medication
- Hypertension
- Depression screening and intervention
- Breast cancer screening(Mammography)
- Patient satisfaction with wait time(in clinic)-
crossroads quarterly report



SBCPHD
Quality Improvement

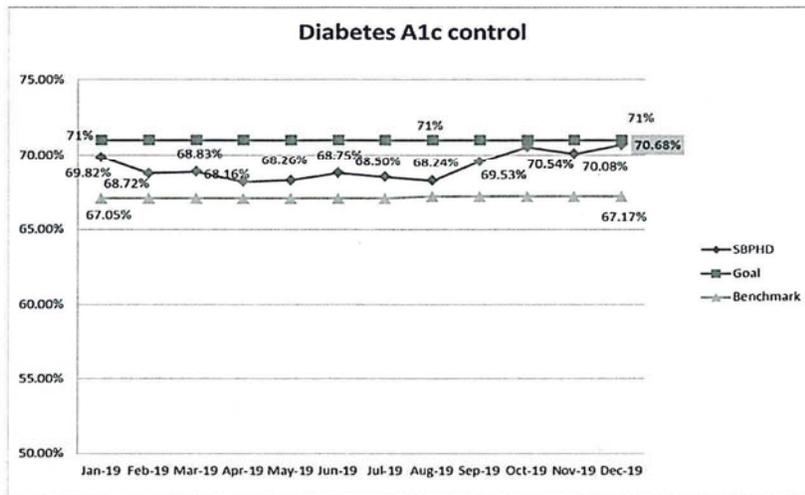
Performance Measure 2019 EPIC(1/1/19 to 12/31/19)	Patients	Percentage	Homeless	Percentage Homeless	Goal	HRSA 2018 National
	Total		Total			
HbA1c 9 or less	2119	70.60%	67	52.76%	71.00%	67.17%
	2998		127			
Asthma- persistent asthma and on controller medication	333	84.95%	16	76.19%	87.00%	86.58%
	392		21			
Hypertension- Blood Pressure controlled with last BP less than 140/90	2951	57.86%	115	44.40%	65.00%	63.26%
	5100		259			
Depression Screening with intervention if screening is positive	7329	47.41%	419	48.72%	60.00%	70.57%
	15485		860			
Mammography -women 50-74 q2 years(Data for 12 months, 1/1/19-12/31/19)	1567	50.42%	19	14.80%	59%	58.0%
	3108		128			



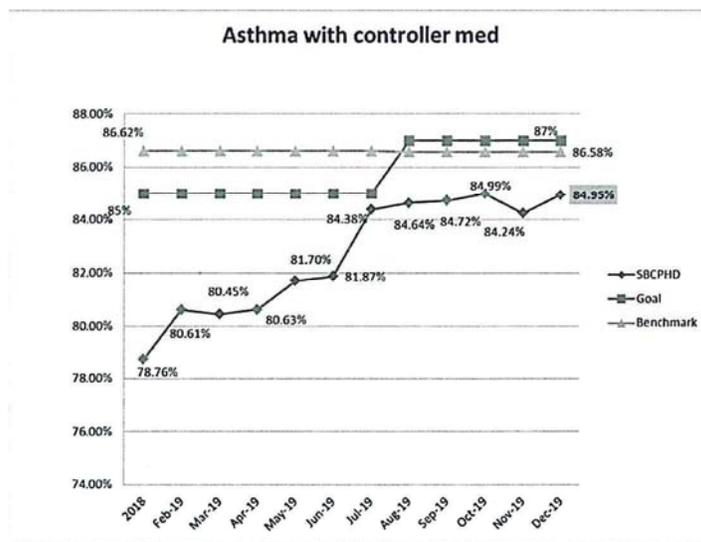
Diabetes (DM) blood sugar control has been the focus of several projects we were working on this past year. Both FHCC and CHCC have been working on identification of patients who might benefit from increased care management, DM education and DM clinic visits. Additionally we are involved in a learning collaborative to improve DM control in patients who are experiencing homelessness. These are both ongoing projects. In addition to DM clinics at each HCC, DM group education visits have been happening at FHCC and LHCC. We plan to expand care management, and to involve our behavioral health specialist in the DM clinics this coming year. We anticipate continued improvement on this measure.



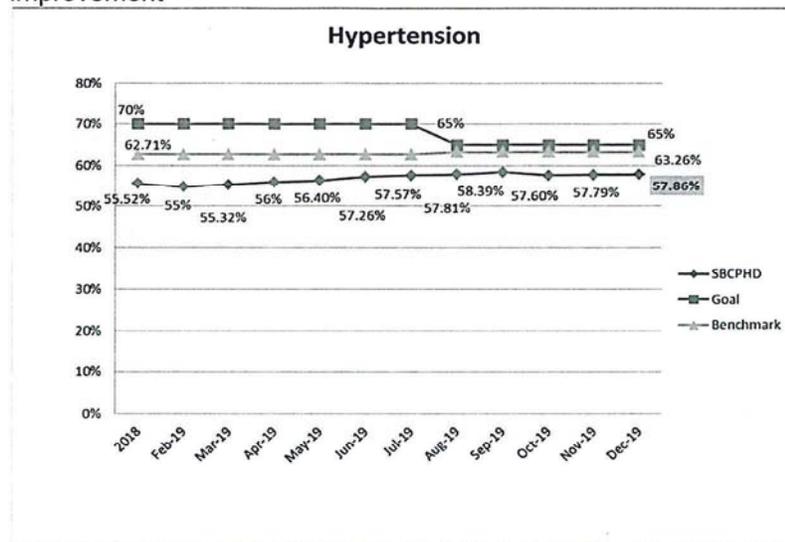
There has been almost a 1% improvement and we are SO close to our goal!



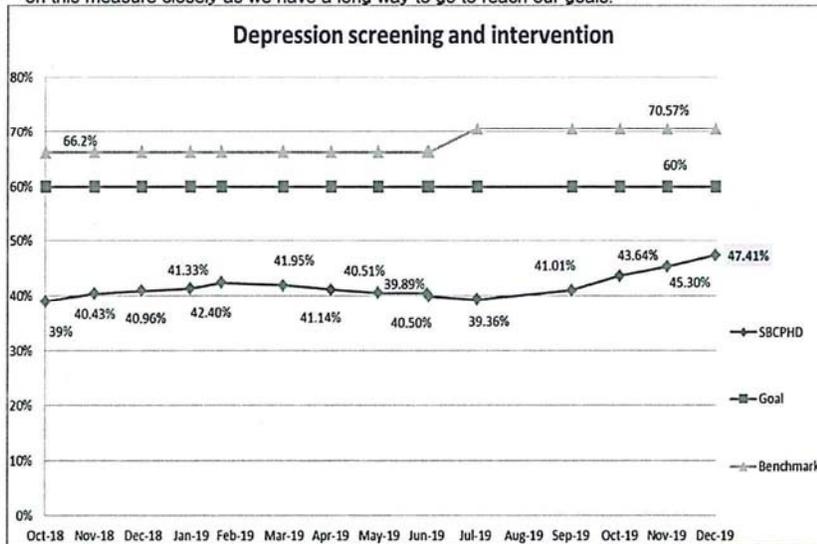
We have seen over a 6% improvement in this measure this year! As we continue to work on improved asthma action plans and training on diagnosis codes we should see ongoing improvement.



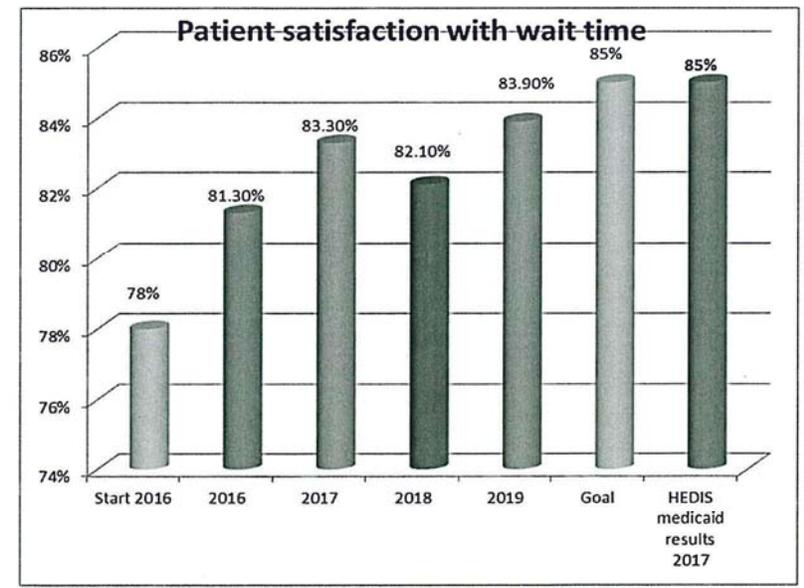
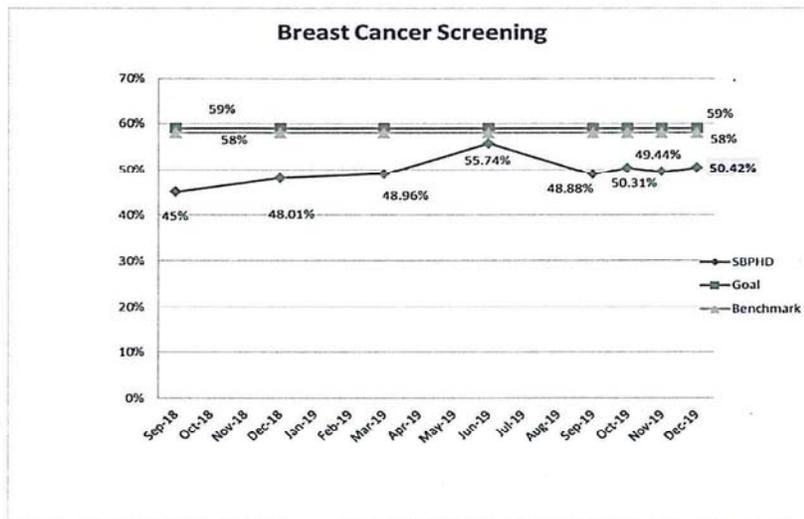
There has been a 2.34 % improvement in blood pressure control this year. We will continue to address this measure, and anticipate ongoing improvement



After extensive review, and training- including updated policies and workflows, we have seen an 8.4% improvement on screening and intervention in the past year. PROGRESS! We will continue to focus on this measure closely as we have a long way to go to reach our goals.



SBHCC and FHCC have been focused on this measure and they have had great improvement. FHCC went from 48% to 56% and SBHCC is up to 59.2%. Several other HCC have begun quality improvement projects focused on this measure as well. We have struggled with this measure, but anticipate ongoing improvement in the next year!



Plan

After the annual grant report submission in February and once we receive the updated measures HRSA (health resources and service administration) will be looking at for 2020 in March, we may update/change the measures we want to focus on. At that time the Medical Quality Improvement Committee will identify the new measures for the Primary Care and Family Health Performance Improvement Plan, and any changes will be added to this monthly report.

SBCPHD



Quality Improvement

MEETING DATE: January 22, 2020

AGENDA ITEM NO.: VII.5

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: January 16, 2020

To: Health Center Board

From: Douglas Metz

Subject: Executive Director's Standing Report

RECOMMENDATION:

No action required – Submitted as Executive Director's monthly report to the Board.

DISCUSSION/BRIEF SUMMARY OF ITEM:

N/A

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Wednesday, January 22, 2019
Health Center Board of Directors
Dr. Douglas Metz, Executive Director, Health Centers
E.D. Report

Focus Area	Monthly Highlights
Health Center Operations	
<ul style="list-style-type: none">• HRSA Relations (Ralph Barbosa, Dana Gamble)	<ul style="list-style-type: none">▪ SAC grant continuation application completed and submitted 9/26! (Have not heard back as of 1/22/20)▪ New BH Integration grant monies available from State via CenCal – application being prepared in January; due 1/21
<ul style="list-style-type: none">• Santa Barbara (Paola Hurtado)	<ul style="list-style-type: none">▪ SBHCC HCA attended PEAK Performance Black Belt Training (12/2-12/6)▪ SBHCC Leadership participated in 2019 Disaster Exercise After Action Meeting▪ Volunteer Urologist, Dr. Alex Weinstein began providing services at the SBHCC▪ Facilitated Cultural Sensitivity training at SBHCC All Staff meeting, 12/20/19
<ul style="list-style-type: none">• Franklin (Elvia Lopez)	<ul style="list-style-type: none">▪ “Minding the Gap” subgroup created composed of providers, leadership, clinical and administrative staff to tackle ways to increase pt. visits▪ Hired a new nurse, Laura Balbuena▪ Completed Windows 10 upgrade▪ Staff completed Cybersecurity training
<ul style="list-style-type: none">• Carpinteria (Jeanette Gumber)	<ul style="list-style-type: none">▪ New CHCC HCA hired; to begin on 1/13 -- Transition plan being implemented▪ Working with Social Services to bring eligibility worker to CHCC-in progress▪ Staff completed Cybersecurity training
<ul style="list-style-type: none">• Santa Maria (Michael Camacho-Craft)	<ul style="list-style-type: none">▪ Staff participated in Mixteco Cultural Awareness training provided by Herencia Indigena▪ Supported Day of the Farmworker Health Fair▪ Bid farewell to Women’s Health Nurse Practitioner Sara Taylor
<ul style="list-style-type: none">• Lompoc (Jeanie Sleight)	<ul style="list-style-type: none">▪ Conducted outreach at Food Bank Community Distribution▪ Hosted Renew ‘22 Countywide Holiday Dine-Around▪ Conducted Cultural Competency Training at December All-Staff meeting.▪ Interviewed and selected a Staff Nurse for vacant position
<ul style="list-style-type: none">• Healthcare for the Homeless (Ralph Barbosa)	<ul style="list-style-type: none">▪ Homeless Death Review Report<ul style="list-style-type: none">○ Steering Committee Final Draft Report & BOS Power Point Presentation Draft○ Thought Partner Meetings▪ Homeless Management Information Systems (HMIS) Technical Administrators Meeting▪ HRSA Project Officer Quarterly Conference Call
<ul style="list-style-type: none">• Pharmacy (Carol Millage)	<ul style="list-style-type: none">▪ Annual pharmacy training completed (December 13)▪ Pharmacy Director completed the annual reviewed of policies and procedures▪ Provided a comprehensive review and analysis of the pharmacy budget for Fiscal▪ Reviewed and prepared the contract for Capture Rx (RiteAid) and submitted to for Board of Supervisor’s review for January

<ul style="list-style-type: none"> ● Clinical Lab (Linda Weisman) 	<ul style="list-style-type: none"> ▪ Cooperated with General Services, PHD Facilities, PHD Safety Officer, Administration, Service-Master, Big Green, and Clinical Laboratory staff to clean up and disinfect the back half of Room 108 that had a sewage leak from the second story. ▪ Contaminated laboratory records were removed from the premises for destruction ▪ Hired and trained Ashley Gutierrez, CPT1 as an EXH Laboratory Assistant. She transitioned to a full-time regular position at the end of December
<ul style="list-style-type: none"> ● Health Information Management / HIPAA / Data Security (Dana Gamble, June English, Laura Lui) 	<p>Training:</p> <ul style="list-style-type: none"> ▪ Final logistics on the January 23, 2020 Law and Ethics course paid for by BeWell and opened to our staff. 5 PHD Behavioral Health Clinicians are registered for 6 CE units. Nursing Units also offered. <p>Privacy:</p> <ul style="list-style-type: none"> ▪ Policies – Record Retention policy updated after SART record transition meeting and to be submitted to Dana. ▪ County HIPAA meeting with new County IT contractor who is evaluating County IT Security as a whole, hybrid entity to raise overall IT Security. PHD and BeWell level of preparation was used as an example
<ul style="list-style-type: none"> ● PCMH (Karla Quintana, Melissa Gomez, Polly Baldwin, Doug Metz) 	<ul style="list-style-type: none"> ▪ Nothing new to report
<ul style="list-style-type: none"> ● Customer Service (Health Center Administrators) 	<ul style="list-style-type: none"> ▪ Nothing new to report

PATIENT VOLUME REPORT

December 2019

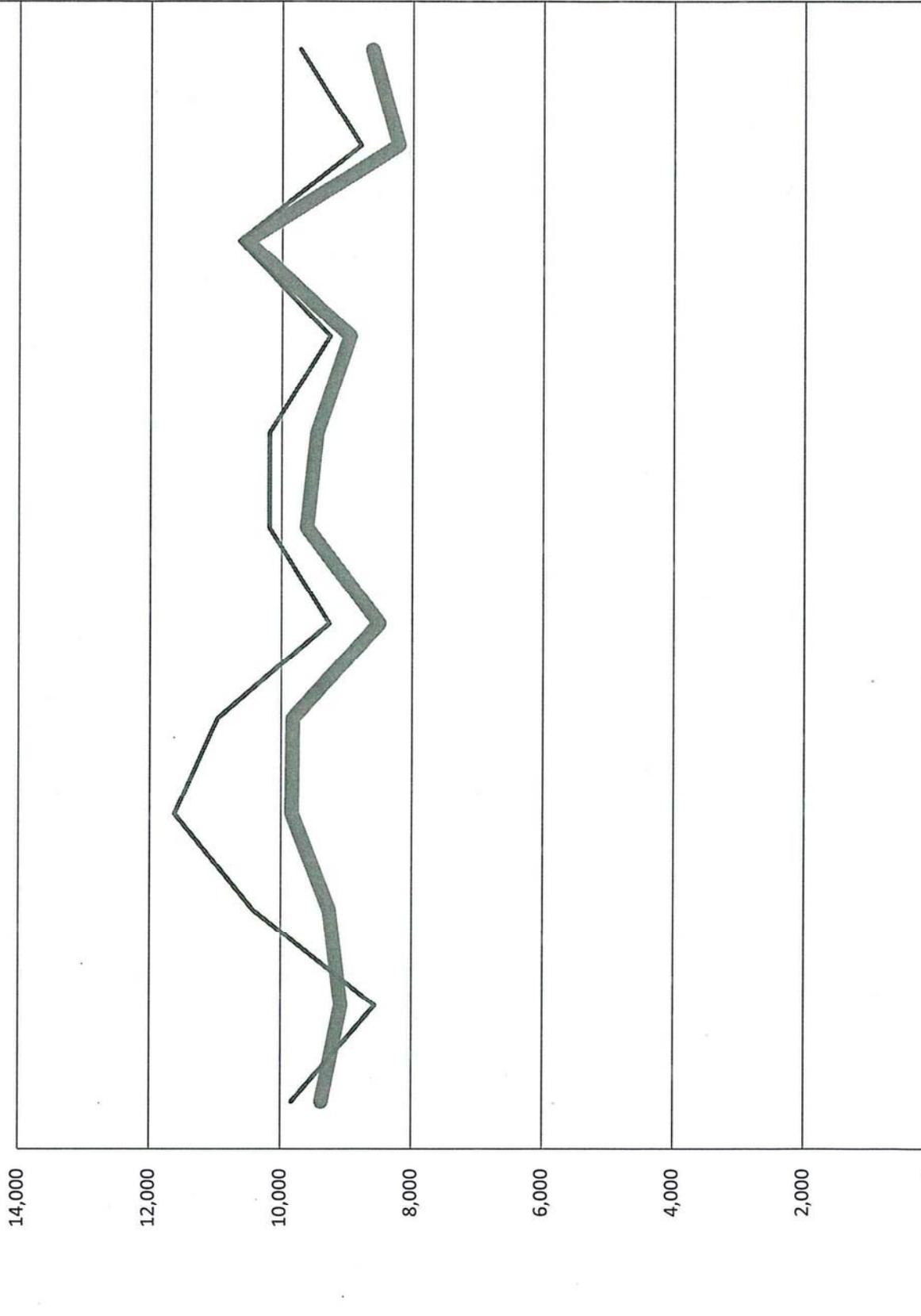
Site	"Billable" Visits This Month	Visits Last Month	Unique Patients This Month	Unique Patients Last Month	Notes
Carpinteria HCC	543	541	440	449	December = 21 clinic days (last month had 19) 26 visits / day – decrease by 7% over last month
Franklin HCC	963	925	756	727	46 visits / day – decrease by 6% over last month
Franklin Elementary School Clinic (1 evening/wk)	2	0	2	0	
Lompoc HCC	2,671	2,565	2,045	1,997	127 visits / day - decrease by 6% over last month
Santa Barbara HCC	2,021	1,907	1,491	1,436	96 visits / day - decrease by 4% over last month
Santa Maria HCC	2,174	2,006	1,457	1,381	104 visits / day – decrease by 2% over last month
Homeless Shelters (3 sites combined)	156	130	121	105	
Outside Sites: PHN Home Visits, Hospital, Deliveries, SNF, etc.)	125	145	93	144	
TOTALS	8,655	8,219	6,405	6,239	Note: <i>December pt. visits/day = 411, a decrease of 5% over last month and short of the monthly daily target of 509 by 19%</i> Summary: Another month short of targeted patient visit goals; treading water in our goal of increasing visits. November and December consistently erratic due to holidays and skeleton provider staff. Multiple strategies in play to increase for 3rd and 4th qtrs.
% difference of pts/day from previous month	5% Decrease of daily pts over last month				

CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)*

Metric	Current Benchmark	Actual This Month	Last month	Notes
Pt visits / Clinical FTE	16 overall visits / 1.0 clinical FTE	Epic Reporting System not yet available		Epic Reporting System not yet available
% of unfilled appointment slots	<10%, not counting purposely unfilled "day-of" open access slots)			Epic Reporting System not yet available
No show rates	<15%	Avg. across all sites = 14%	Avg. across all sites = 13%	This does not include BH providers whose avg. NS rate = 24%
"Third Next Available" (TNAA) Appointment	< 14 days	~17 days (average across all sites)	~17 days (average across all sites)	These reports are not yet verifiable from Epic
Clinic Waiting Time (Cycle Time: registration to provider visit)	< 45 min.	*	*	These metrics will be automated in Epic; not yet reliable enough to be reportable

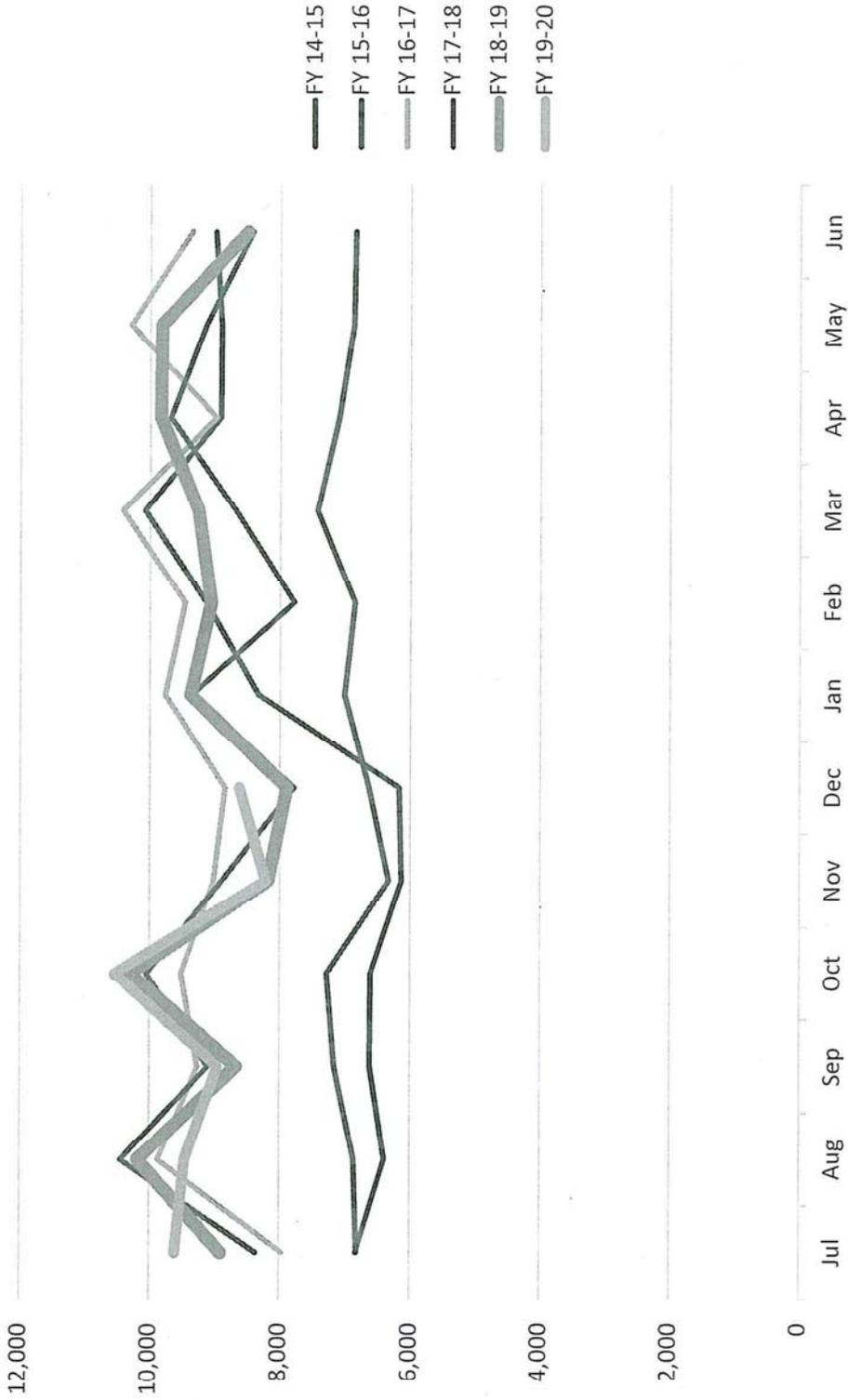
**Some metrics reports are still being written for the new system*

Patient Visit Trending Over 12 Months



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Visits-actual	9,379	9,080	9,262	9,836	9,824	8,503	9,611	9,459	8,957	10,540	8,219	8,624
TARGETS	9,829	8,561	10,418	11,623	10,969	9,265	10,186	10,186	9,260	10,649	8,797	9,723

FY Visits



	Jul - Dec TOTALS	Jan - Jun TOTALS	TOTAL FY
FY 2016-2017	54,478	58,284	112,762
FY 2017-2018	54,638	53,076	107,714
FY 2018-2019	54,131	55,863	109,994
FY 2019-2020	55,441	???(57,321)	

FY Visits Over Years

